Grimes Parks & Recreation

Telephone: (515) 986-2143

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www.grimesiowa.gov



"Little Artist" Evening Program (Grades K-4)

Program Description: Little Artist is a great time for kids to interact and show their creative side! We will begin each session with a short story of an artist to provide some knowledge and background of the various types of art that are out there. This will also give kids a chance to start thinking creatively! Kids will get to paint, create, and sculpt a master piece of their own every week with a little guidance and instruction from our instructor! This is a 4-week program that is held on Thursday evenings. A minimum of 6 participants is required and a max. of 15.

Who: Grades K – 4th

Where: Drop off/Pick up at GCC in the Cafeteria.

When: Thursdays, 5:30-6:30pm

Dates: Session 1: October 17 – November 7 "Pieces of Fall"

Session 2: November 14 – December 12* "Snow Days" *Skip Thanksgiving Day

Session 3: January 16 – February 6 "Sea of Color"

Session 4: March 27 – April 17 "April Showers Bring May Flowers"

Questions: Contact Allison Morris, Grimes Parks & Recreation at amorris@ci.grimes.ia.us or at 515-986-2143.

To Register: Pre-registration required. Can Register ONLINE at www.grimesiowa.gov OR pay with cash/check to City of Grimes and bring in the registration to the P & R Office located in the Grimes Community Complex on 410 SE Main Street. You can also mail to 410 SE Main St in Grimes.

2013-2014 "Little Artist Evening F	Program" Regist	ration Form
PARTICIPANT'S NAME:		AGE:
PARENT/GUARDIAN'S NAME:		
STREET ADDRESS:	CITY:	ZIP CODE:
I would like to be added to the Grimes Rec Email List: Y	ES NO	Already on the List
EMAIL:	PHONE: ıld know about your child?	

Cost: \$25 per session

Session 1

Please Circle:

Session 3

Session 4

Session 2

Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian Date